

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		<b>Docket Number : 305414.01</b>
<b>Application Number : 10/724,586</b>		<b>Filed : November 28, 2003</b>
<b>For : ROBUST BAYESIAN MIXTURE MODELING</b>		
<b>Art Unit : 2128</b>	<b>Examiner : Silver, David</b>	

This is a request under the provisions of 37 CFR 1. 136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u><b>Fee</b></u>	<u><b>Small Entity Fee</b></u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$55	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$215	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$490	\$ 1020.00
<input type="checkbox"/> Four months (37 CFR 1. 1 7(a)(4))	\$1590	\$765	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1040	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27.  
☐ A check in the amount of the fee is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☐ The Director has already been authorized to charge fees in this application to a Deposit Account.  
☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account Number 50-0463 . I have enclosed a duplicate copy of this sheet.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the    ☐    applicant/inventor.  
                  ☐    assignee of record of the entire interest. See 37 CFR 3.71.  
    Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  
                  ☒    **attorney or agent of record. Registration Number 52,580.**  
                  ☐    attorney or agent under 37 CFR 1.34.  
    Registration number if acting under 37 CFR 1.34 \_\_\_\_\_.

/ A. H. Azure /  
\_\_\_\_\_  
Signature

Anthony H. Azure  
\_\_\_\_\_  
Typed or printed name

December 26, 2007  
\_\_\_\_\_  
Date

(425) 707-0399  
\_\_\_\_\_  
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted